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of

1. PLACE OF

County Village or City

	278
STATE OF MARYLAND-	CERTIFICATE OF DEATH
DEATH	
aroline	Registration Dist. No. 64
Hear Federalsburg	NoSt., Ward
ce in city or town whara daath occurred wrs mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds.
13an Boy 130	16 U. S. Veteron, specify WAR
No. (Usual place of abode)	If nonresident give city or lown and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE  S. SINGLE, MARRIED, WIOOWED, OR DEVORCED (write the word)	21. DATE OF DEATH an 23 , 193 (Month) (Day) (Agar)
or divorced	22. I HEREBY CERTIFY That I attended deceased from 23, 1937, to 25, 1937
ith, day, and year) Jan -24 1/93,	loast saw h alive on, 19; daath is seld
Birth at less than	to heve occurred on the dete stated above, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
o, or perticular dona, as SPINNER, OKKEEPER, etc.	were as follows: // Birth - Oate of onset
ONNEEPER, etc.	4

Length of residen 2. FULL NAMI (a) Residence: PERSONA 3. SEX 5a. If marriad, widowad, HUSBAND of (or) WIFE of 6. DATE OF BIRTH (mo 7. AGE 8. Trede, profassio kind of world OCCUPATION J<sub>0</sub> SAWYER, BO 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc..... back 10. Oato dacaasad last worked at on 11. Total time (yaars) this occupation (month end vear) \_\_\_\_\_ occupation instructions 12. BIRTHPLACE (city or tow (State or country) FATHER Name of operation 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis?\_\_\_\_\_ Was there an aulopsy?\_\_\_\_ MOTHER important. 15. MAIOEN NAME 23. If daath wes due to external causes (VIOLENCE) fill In elso tha following: Accident, suicide, or homicide?\_\_\_\_\_\_\_\_ Dete of injury\_\_\_\_\_\_\_\_19 16. BIRTHPLACE (city or town). (Stata or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT very (Addrass) 18. BURIAL, CREMATION, OR REMOVAL S TION Neture cf injury\_\_\_\_\_ 24. Was disease or injury in any way ralated to occupation of deceased? 19. UNOERTAKER (Address) If so, spacify (Signed) 20, FILED cam Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

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CAUSE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sclls goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The season of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 970
1. PLACE OF DEATH	(a) (a)
County Cearoline	Registration Dist. No. 66
Village or City Budgeley	NoSt., War
Length of residence in city or town where deeth occurred	If death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth?yrs,mos,ds
2. FULL NAME Day : 1	J. A.
(a) Residence: No.	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
- married	(Month) (Dey) (Year)
Ee. If merried, widowed, or divorced HUSBAND of	
(OT) WIFE OF Mus Jenne Carmon	Land and deceased link
5. DATE OF BIRTH (month, dey, end yeer) Tung ? 1845	
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete stated above, at 6.75 Am.
7 / 3   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
2 Trade profession or particular	Data of onset
kind of work done, as SPINNER. Day Jalon	unknown
9. Industry or business in which work was done, es SILK MILL,	4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occuration (month and	see remarks
10. Date deceased last worked et this occupation (month and yeer)	Death was probably due to conclosel apar
12. BIRTHPLACE (city or town) Moust Ceauchy	Other Contributory Causes of Importance: Flery o Cwifk.
(State or country) Makey Course.	unhnow
13. NAME John Carriou.  14. BIRTHPLACE (city or town)	High blood pressuras
(State or country)	Neme of operation Dete of
A MANAGE TO THE STATE OF THE ST	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Clips Jeel 16. BIRTHPLACE (city or town) TENST Community	23. If deeth wes due to external ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)  (Stete or country)  (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
2 01 8	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT MISS Clausure Control	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OP REMOVAL	Manner of injury
Plan sedlersville Date Jaw 13, 19-37	Menner of injury Nature of injury
0 3/2 1/2	
19. UNDERTAKER	24. Was diseese or injury in eny wey releted to occupetion of deceesed?
20 SHEDGEN 12 1022	(Signed) MD
Registrar.	(Address) Riklyely ma
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore Requestion 90 S No.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   - 1 193	July 5,1927	Peritonitis	3 days ago
V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The diseased my common said to have for
well the day before his death and had never can plained
line about to a M. fand factual he was dead at 7 a M.
The state of the s

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(33c)
County Caroline	Registration Dist. No. 6H
Village or City Federals Viery	No. 230 East central ass., Ward
// 41	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Robert Henry Davis	If U.S. Veteran specify WAR
(a) Residence: No. 230 East central are	St., Ward.,
(Usual place of abode) Seden	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Stale Affects OR DIVORCED (wite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the atoms of In any Isotavix	22. 1 HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end year) Dec. 30" 1860	I last saw h Limelive on 1937: deeth is seld
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et /2 10 P.m.
76 — 5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of wheel
9. Industry or business in which	Marina Marchandalia 1930
work wes done, as SILK MILL, farmer.	artin Floren 1930
10. Date deceesed lest worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Desirement	Other Contributory Causes of importance:
(State or country) Selaware.	acut delatohny / Heart /12/3
13. NAME Samuel & Taves	4
13. NAME Samuel Saves  14. BIRTHPLACE (city or town). International	Name of operation
(State of country) Delawas	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Gargasett & Helley	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Secretary (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19
Stace Of Garage	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Fredericle Incre Ind	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place bloomery und Date Jan 74, 1937	Manner of injury
19. UNDERTAKER la Waddungs	24. Was disease or injury in any wey related to occupetion of deceased?
20. FILED Sam. 6th, 1975. 5 can stom	(Signed) (Signed) (M.D.
Registrar.	(Address) Tollistang July

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Chronic interstitial nephritis FFF 5 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
And the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED AGE should be mation should be carefully supplied. N. B.—WRITE PLAINLY, V. S. No. 1

1. PLACE OF DEATH	92-0
County Canaling	Registration Dist. No. QQ
Village or City Thenderson	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?drsds.
2. FULL NAME Neile M. Dun.	If U. S. Veteran, specify WAR
(a) Residence: No. Henduson	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighe word) Washer 1	21. DATE OF DEATH  (Month)  (Oay)  (Vear)
HUSBANO of (or) WIFE of Marie on Seene	22. I HEREBY CERTIFY That I attended deceased fro
2 . 7 /210.	1 last saw h W alive on 1900, to fam 19 1937 death is sa
AGE Years Months Oays If LESS than	I last saw h W alive on factor above, at 12.50 m.
5-8 5- 12 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, However, and the second se	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	Chemis Indone
work was done, as SILK MILL, SAW MILL, BANK, etc.	A Museum Alli
	Y OVIOGO CENTRAL
year) occupation occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	
(State or country) Leglerow,	Name of operation Date of What test confirmed diagnosis?
15. MAIOEN NAME Muia Jono,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Muia Jone ,  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Ma	Where did injury occur?
7. INFORMANT agueso Hurlock.  (Address) Hendrison Und.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tralabres med Date Jan 23, 1936	Nature of injury
O. UNDERTAKER R. B. Rambyor	24 Was disease or injury in any away related to occupation of deceased?
(Address) Miseuro trip may	It so, speedy
0, FILED \$\frac{1}{24}, 19\frac{1}{4} all fruits Registrar.	(Signed) (Address) Med M.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 4 1937			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	cate.
IS A	state	prope	certifi
HIS	pe	pe	of o
ADING INK-TH	ed. AGE should	s, so that it may	tructions on back
JNF	ppli	term	ins
WITH L	efully su	in plain t	int. See
-WRITE PLAINLY,	mation should be care	CAUSE OF DEATH is	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 282
1. PLACE OF DEATH	820
County Carioline	Registration Dist. No. 6 6
Village or City Kedyely (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME George Henry Eaten	If U. S. Veteran, specify WAR
(a) Residence: No. Rid y'ely Ul. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tyle word)	21. DATE OF DEATH
make white widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Mary Caton Russing	1 HEREBY CERTIFY, That I attended deceased from 28, 1936, to Jan 15, 1937
6. DATE OF BIRTH (month, day, and year) Dec. 14 1877	Wast saw h 1 A alive on January 14 , 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 21.3 STm.
69 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which	allesia sclerans from
work was done, as SILK MILL, bulding	I should semanus of small
10. Date deceased last worked at this occupation (month end year)	Jesse Justin Gillian
12. BIRTHPLACE (city or town) Redgely - med	Other Contributory Causes of importance:
(State or country) Coroline Co	Bronsho Mummania & days
13. NAME Joseph Column	A
(State or country) Coroline	Name of operation
15. MAIDEN NAME Mary Frances Mulliliam	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Redgely Mg	Accident, suicide, or homicide?
(State or country) Coroluil Co	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Deorge Edwin Ecolow (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hickory, Date Jul 1,8, 193	Nature of injury
19. UNDERTAKER PLANE	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILE an / S , 19 37 Wars Registrar.	(Signed) M. D.  (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis EED 1 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	ا		
Other contributory causes of importance:		Other contributory causes of importance:	THE STATE
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

of OCCUPA-

Exact statement

# STATE OF MARYLAND—CERTIFICATE OF DEATH

7)	6		a	8
1	A	4		5
~		1	7	1

1. PLACE OF DEATH	(3)
County Caraline	Registration Dist. No. 6
Village or City Dentary, Maryland	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME aria V. Jarry.	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The same of the same	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of	The latest
(or) WIFE of Owen C. Janey.	22. I HEREBY CERTIFM. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) with. 1866	1 last saw h alive on and ll 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.4.m.
7/ 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
No. Trade, profession, or particular kind of work done, as SPINNER, Maure Mary SAWYER, BOOKKEPER, etc.	Partia Rosellas
9. Industry or business In which work was done, as SILK MILL,	Mucos
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (coupation)	
12. BIRTHPLACE (city or town) / // (Stata or country)	Other Contributory Causes of importance:
13. NAME atthe J. Greenler	
13. NAME Atthu J. Theesler  14. BIRTHPLACE (city or town)  (State or country)	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) And Amoun.	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Paul Noe (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Della Jan 13, 1937	Natura of Injury
19. UNDERTAKER PEllis Clark	24. Was disease or injury in any way related to occupation of deceased like
(Address) Quiton Md	If so, specify
20. FILED 1-12, 1937 mi HO Genge Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

of OCCUPA-

Exact statement

# STATE OF MADVIAND\_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	930
County Caroline	Registration Dist. No. 66
Village or City Nidy elig	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME alphonsa Henrietta	Solt If U. S. Veteran, specify WAR
(a) Residence: No. Tradfly (Ysual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  annuary 23, 193 7  (Month) (Day) (Year)
ia. If married, widowed, or divorced	(Month) (Day) (Yéar)
HUSBAND of Joseph S. Solt	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 2 3 , 193
DATE OF BIRTH (month, day, and year) Feb 15 1859	I last saw h.C. V. alive on January 23, 1937; daath is s
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, at 1.2.121Am.
77 // 8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Date of on
kind of work done, as SPINNER, house heefer SAWYER, BOOKKEEPER, atc.	As Consocleraria years
SAWYER, BOOKKEPER, atc.  9.Industry or business in which work was done, as STILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this securation (month and security bis securation (month and security bis security	Mysecondities + Hypertension / year
10. Data deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Was Mulle Wed	Other Contributory Causes of importance:  - Typelitis and Custofie 4 we
	Torotation Parolella 2 why
13. NAME Thomas? Sherwood	Germany 2 wgs
14. BIRTHPLACE (city or town) Jolbat Co Mil	Name of operation Date of What test confirmed diagnosis? Character Function What there are autopsy? Many there are autopsy? Many there are autopsy?
15. MAIDEN NAME Mary Collobon	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Way Collolian  16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?Date of Injury19
(State or country) Folloat Co Ma	Where did injury occur?
17. INFORMANT. Fred Salt (Address) Cadava Will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Corlos Ard Date Jan . 75, 1937	Nature of injury
19. UNDERTAKER James a. Afficia	24. Was disaase or injury in any way related to occupation of deceased?
20. show 23, 19.3.7 Drais	(Signad) July 1 N
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	· ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 550 1 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 28.1
1. PLACE OF DEATH	59)
County Caroline	Registration Dist. No. 6 0
Village or City Luedo Foro.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ciwa 6. Hrew.	If U. S. Veteran, specify WAR
(a) Residence: No. / funderson (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) While	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Lownor Green.	22 I HEREBY CERTIFY. That I ettended deceased from January 18 1937, to January 23, 1937
6. DATE OF BIRTH (month, day, end year) Selse 29, 185-7.	I last saw he V alive on January 23 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.45.6 m.
79 3 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Howard V. SAWYER, BDOKKEEPER, etc.	Smilet
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year) — — — — — — — — — — — — — — — — — — —	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Md.	Desletes Melletine suspension
13. NAME Esua Jow.	
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary wi Rickardo.  16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Miro, Laura Clber. (Address) Livedo tiro md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Science Two 2nd Dete face 26, 1937	Menner of Injury
19. UNDERTAKER R. B. Rawlings. (Address) Lieus bup mac	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED 25/37,19 acfmit.	(Signed) Address) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chamber interestitical annualistic	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
SUMPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	CURTHER STATEMENTS BY PHISICIAN	FURTHER S	FUK	SPACE	ADDITIONAL
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=	N.
No.	B.
S.	ż

1. PLA	CE OF DEAT	гн			(23)			
Cou	untyQ	aroline			Registration Dist. No. 63			
32					No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward		
Lens	gth of rasidence in cit	v or town where d	eath occurred	T vrs mos	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?m	number)		
2. FUL	LL NAME	Preston	<u> </u>	Hubbard	If U. S. Veteran, specify WAR			
(a)	Kesidence: No	11000011	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	Stale		
PE	RSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX Male		or RACE		RIED, WIDOWED, D (write the word)	January 14 (Month) (Day)	, 1937 (Year)		
HUSBA	ied, widowed, or divol AND of VIFE of	rced Ella Hi			22. I HEREBY CERTIFY, That i attended	deceased from		
(37)					August 24 ,1934 , to dunuary 14			
	F BIRTH (month, day		oril 5,	1886	liast saw h_Jos alive on Sunury 7 ,1937	; death is said		
7. AGE	Yaars 50	Months 9	Days 9	If LESS than 1 day,hrs.	to have occurred on the date stated above, at			
9 Tro	ade, profassion, or pa		1 9	ormin.	ware as follows:	Date of enset		
O Z	kind of work dona, a SAWYER, BOOKKEE	as SPINNER.	Farme	er	Chronis F. Druve Palminury	1932		
9. Ind	lustry or business in work was done, es S				1			
D TO DO	SAW MILL, BANK, e	tc						
6 70. Dai	te daceased last wor this occupation (mor year)	hand 193	sne	ime (yaars) nt in this upation		-		
	PLACE (city or town)	Caro	oline Co		Other Contributory Causes of importance: Pulsusuury Hemmuserlage	12/27/3		
1		n Charle		ard.	-			
E		Car	oline (		No. of control of the			
¥ 14, BIR	RTHPLACE (city or to (State or country)		ryland	300011100	Name of operation Date of Date of What tast confirmed diagnosis? Was thara an autopsy?			
当 15. MA	IDEN NAME	da Bell	Holmes	3	23. If daath was due to external causas (VIOL ENCE) fill in also the following			
15. MA 16. BIF	RTHPLACE (city or to	wn) Car	roline (	County	Accident, suicide, or homicide? Date of injury			
E	(State or country)	Mar	yland		Whare did injury occur?			
(Ad	MANT Mrs. Idress) Prest	on, Ma.	ibbard R.F.I	) <b>.</b>	(Specify city or town, county and Sta Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.		
18. BURIAL	, CREMATION, OR R	EMOVAL			Mannar of injury			
Plac	celonestor	m, Ma.	Date_J.an	. 17.,19.37	Nature of injury			
19. UNDER		J. Fram			24. Was diseasa or injury in any way related to occupation of decaesad?	no		
, , , , , , , , , , , , , , , , , , , ,	Jan 16.		has B.		(Signed) Fruit & Thumush, (Addrass) Puolen Maryland	M. D		
4		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

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	Example I	-	Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	FFR 5 1027	1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago		
	The second secon					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or min.  I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. Secify whether injury occurred in thoustre, in HOME, or in PUBLIC PLACE.  18. Trade, profession, or particular in the date stated above, at men.  The PRINCIPAL alive on to date stated above, at men.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	STATE	OF MARYLAND-	-CERTIFICATE OF DEATH 287
Village or City  Length of residence in city or town where death occurred	1. PLACE OF DEATH		
Village or City  Length of residence in city or town where death pocurred  Length of residence in city or town where death pocurred  yrs  mos. D. d.s. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  mos. D. d. How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  Mard.  How long in U.S. if of foreign birth?  yrs  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. I HER EBY CERTIFY, That I attended deceased from the date stated above, at.  m.  The PRINCIPAL CAUSE OF DEATH and relately causes of importance were as follows:  SANYER, BOOKKEPER, etc.  yrs  yrs  Is in the profession, or particular  yrs  yrs  Is in the profession, or particular  yrs  yrs  yrs  yrs  yrs  yrs  yrs  y	County	t Corolin	Registration Dist. No. 66
Length of residence in city or town where death occurred yrs	Village or City Lo	dora Red	aslino. St War
2. FULL NAME  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than or	length of residence in city or town who	are death assured D D	If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.    Cutual place of abode    PERSONAL AND STATISTICAL PARTICULARS   If nonresident give city or town and State	12	he death occurred yrsmo	now long in U.S. if of foreign birth?yrsmosds
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKED, WIDOWED, OR DAVORCED (write the word)  5a. If married, widowed, or divorced HUSSAND or (or) WIFE of  5a. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  1f LESS than or law, with down on as SPINNER, SAWYER, BOOKKEPER, etc.  3. Index yor business SILK MILL, SAW MILL On this coccupation worked at this occupation (month and year)  10. Date deceased last worked at this occupation worked at this occupation (month and year)  11. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT AMA B. I. A.		Day Juca	( E
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  5a. If married, widowed, or divorced (HUSBAND of (OW) WIFE of (Month)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than of york done, as SPINCR, SAWYER, BOKKEPER, etc.  9. Industry or business in which work was done, as SINK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this concupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT ALLA B. A.	(a) Residence: No.	(Usual place of abode)	
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSSAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I dayhrs. or	PERSONAL AND STATIS		
Sa.		5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH an 757
6. DATE OF BIRTH (month, day, and year) 7. AGE  Years  Months  Days  If LESS than I day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  Date of enset work as done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  Other Coatributory Causes of importance:  Date of enset work causes of importance:  Other Coatributory Causes of importance:  What test confirmed diagnosis?  Was there an au'opsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	7	(1001)
T. AGE  Years  Months  O  O  O  Iday, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Work was done, as SPINNER, SAWYER, BOOKKEPPE, etc.  9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEPPE, etc.  10. Date deceased last worked at his occupation (month and year)  Say MILL, BANK, etc.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  Where did injury occurred  Where did injury occurred  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	C DATE OF BIRTH (month Assets	Jan 12 2	
Same of operation   State or country    Stat		A	, death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT ALL B. INF	0 0	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town)   Culty   Cult	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		were as follows: Stillbirth . Date of onset
12. BIRTHPLACE (city or town)   Culty   Cult	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  What test confirmed diagnosis?  Was there an au'opsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	1 - 1 time occupation (month and	() spent in this ()	
13. NAME   14. BIRTHPLACE (city or town)   Condense   Name of operation   Date of   What test confirmed diagnosis?   Was there an au'opsy?   Was there an au'opsy?   15. MAIDEN NAME   Date of   What test confirmed diagnosis?   Was there an au'opsy?   23. If death was due to external causes (VIOL ENCE) fill in also the following:   Accident, suicide, or homicide?   Date of injury   19.   Where did injury occur?   Specify city or town, county and State)   Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		lylly	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME Pargura Barruck 23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Level Level 2 Accident, suicide, or homicide? Date of injury		Lila	- unknow
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME Pargura Barruck 23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Level Level 2 Accident, suicide, or homicide? Date of injury	# 15.11	Junerman	3
15. MAIDEN NAME    15. MAIDEN NAME   15. MAIDEN NAME   15. MAIDEN NAME   15. MAIDEN NAME   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)	(State or country)	T. D	2000 01
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT Zerr R ! D. Zfulcluscus Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	15. MAIDEN NAME	Banning 1	
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT Zerr R ! D. Zfulcluscus Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	16 BIRTHPLACE (city or town)	esterno	
17. INFORMANT Zer B. 1 D. Africelius and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	State or country)	- list	
	17. INFORMANT ZEEN B. 1 D. (Address)	Heldenson	(Specify city or town county and State)
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	18. BURIAL, CREMATION, OR REMOVAL	1/2-	
Place Racrice Date Jans 18 , 19 3 Nature of Injury	Place Karrview	Date Jan 18 , 19 3	
19. UNDERTAKER		Learn	24. Was disease or injury in any way related to occupation of deceased?
20. File an 17 1937 bodavis . (Signed) (Signed)	0- 17 6-	- PUNU CO	(Signed) M. D
Registrar. (Address) - LAGELY WINN  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	If mo		The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephratic B 1 1951	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
L.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For sullougation	L SPACE FOR FURTH	Le A Virth	BY PHYSICIAN see burth	cert.	2/15/37
		<i>J</i>			

# STATE OF MARYLAND-CERTIFICATE OF DEATH

)	WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
TARGIN NESERVED FOR BINDING	RMANENT REC	XACTLY. P.	classified. Exac	
TO LOW D	THIS IS A PE	d be stated E	y be properly	TION is very important. See instructions on back of certificate.
THE PERSON A	DING INK-	1. AGE should	, so that it ma	uctions on bac
PART	WITH UNFA	refully supplied	in plain terms	ant. See instr
	E PLAMLY,	should be can	E OF DEATH	is very import
4	-WRIT	mation	CAUS	TION

1. PLACE	OF DEATH			75)				
	Caroline			Registration Dist. No. 64				
Village of Length of	residence in city or town where	burg, Mi	d., R.F. (II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.				
	NAME John J dence: No. Federa	lsburg,	Md.	If U. S. Veteran, specify WAR World War St., Ward.				
DEDC	ONAL AND CTATICT	(Usual place		If nonresident give city or town and State				
3. SEX	4. COLOR OR RACE	1		MEDICAL CERTIFICATE OF DEATH				
Male	White	OR DIVORCE	RIED, WIDOWED, D (write tha word) Pried	21. DATE OF DEATH  January 16, 193 7  (Month) (Day) (Year)				
5a. If married, wi HUSBAND ( (or) WIFE o		own		22.   HEREBY CERTIFY, That lattardad dacaased from				
6. DATE OF BIR	TH (month, day, and yaar)	Unknown	1	I last saw h alive on, 19; death is said				
7. AGE About	Yaars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at				
Work SAW 10. Date dec this c yaar)	ceasad last worked at occupation (month and	36 11. Total t spe occ	Factory ime (yaars) nt in this 3 mon	Other Contributory Causes of Importance:				
12. BIRTHPLACE (State or		more Land						
13. NAME	Unknown			Chrys alesholisin				
		hoslova	kia	Nama of oparation				
15. MAIDEN	NAME Unknow	m		23. If death was due to axtarnal causas (VIOLENCE) fill in also the following:				
15. MAIDEN H 16. BIRTHPL (Stat	ACE (city or town) - CZECY	noslovak	ia	Accidant, suicida, or homlelde?				
17. INFORMANT . (Addrass	Edward Pe Federalsb	ncky urg, Md.	R.F.D.	Spacify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
	mation, or removal ederal sburg, M	d Date Jan	.I9 <sup>tt</sup> ,19.37	Manner of Injury				
19. UNDERTAKER	7 7			24. Was disease or injury in any way related to occupation of dacaased?				
20. FILED Ja	n. 18, 1937 5.	2.1-20	Registrar.	(Signad) (Address) Fellerban, all				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EB 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STATE OF S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

JARGIN RESERVED FOR BINDING

1	. PLACE O		ME U	-	MAR	I LAND	-CI	ERTIFICATE O	
	County	Caro	line						
Village or City Near Harmony.								No	
2		me Jen	nie E	ve sto	lyn Ke	elley. d. R.F.		If U. S. Veteran, spe St., Ward.	
	PERSON	NAL AND S	TATISTI	CAL	PARTI	CULARS		MEDICAL CER	
3. S	Female	4. COLOR OF		5. S	ngle, mari r divorced Mar	RIED, WIDOWED, (write the word) ried	21	. DATE OF DEATH	
5a.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Francis Kelley,							I HEREBY C	
6. E	ATE OF BIRTH	(month, day, end	yeer)	Fe	b. I4	If I907	_ 1	art sew h-42 alive on_	
7. A	AGE Years Months 29 II				0ays 5	If LESS then 1 day,h ormin.	rs. T	heve occurred on the date stated et he PRINCIPAL CAUSE OF DEATH e ere as-follows:	
OCCUPATION	8. Trede, profession, or particular kind of work done, es SPINNER, House-work  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupetion (month end year)							Dellet T.	
12. BIRTHPLACE (city or town) Chaptank, (State or country) Md							0	ther Contributory Causes of Importen	
FATH	13. NAME Harry Marshall,  14. BIRTHPLACE (city or town) Dorchester Co.  (State or country) Md.						ame of operation		
도 도 도								If deeth was due to externel causes	
MOTHER	16. BIRTHPLACE (Stete or	(city or town)						Accident, suicide, or homicide?	
17. INFORMANT Francis Kelley, (Address) Preston, Md. R.F.D.						!	pecify whether Injury occurred in IN		
18. BURIAL, CREMATION, OR REMOVAL  ( PIECE Federalsburg, Mode Jan. 2011, 1937.					7 M	enner of Injury			
19.	UNOERTAKER (Address)		Frampi	sì	nirg.	Md.	24.	Was disease of injury in any way in so, specify	

Registration Dist. No. 63
NoSt.,Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
If U. S. Veteran, specify WAR
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
January, I9th., 1937 (Month) (Day) (Yeer)
1 HEREBY CERT 1 FV, That I attended deceased from 157, to 444, 197  I last sew how alive on 4, 197; death is seid to heve occurred on the date stated above, et. 0 = 20 = A = M.
The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as-follows:  Date of onset  Date of onset
Other Contributory Causes of Importence:
Name of operation
Whet test confirmed diagnosis? Wes there an eutopsy?
23. If deeth was due to externel causes (VIOLENCE) fill In also the following:
Accident, suicide, or homicide?
Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
Menner of Injury
Neture of injury
24. Was disease examinary in any way related to occupation of deceased?
If so, specify Inferior M. Multil M. D.
(Address) Sealing Mills

DEATH

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1 1923	Other contributory causes of importance:	1 man
May 1,1925	t dustroemeruus	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

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of OCCUPA-

STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH
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		1112 414		OLIVINI OI DEMIN	2911
1. PLACE OF DEATH			-	@P	500
County Caro	line			Registration Dist. No. 63	
Village or CityP:	reston			NoSt.,	Ward
Length of residence in city or	town where death	Oppurred		death occurred in a hospital or institution, give its NAME instead of street and n	
	Annie			20_ds. How long In U.S. if of foreign birth?mo	sas.
2. FULL NAME	W/4 + +m	- m N	ra	Tollol	
(a) Residence: No	Wittms	(Usual place		St., Ward.  If nonresident give city or town and	State
PERSONAL AND S				MEDICAL CERTIFICATE OF DEATH	
Female 4. color of Whi		SINGLE, MAR	RIED, WIDOWED, O (waite the word)	21. DATE OF DEATH  January 21  (Month) (Day)	, 193_7
a. If married, widowed, or divorced HUSBAND of (or) WIFE of ROD	ert G.	Kinnar	non	22.   I HEREBY CERTIFY, Thet I ettended of	
B. DATE OF BIRTH (month, dey, and	vear) Ap:	ril 14	1, 1858	Vacuary // , 1987 , to danuary 21	
. AGE Years	Months	Days	if LESS than	to have occurred on the date stated above, at 1048 A.m.	, death is soil
79	9	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	
8. Trede, profession, or perticu	lar TT	01100		Curdiae Failure.	Date of onset
kind of work done, es SI SAWYER, BOOKKEEPER,		ouse -	-MITE	Renol lusy Fficiency; canad by	1/11/37
9. Industry or business in which	MILL.			circulatory forlure a Curson	
SAW MILL, BANK, etc  10. Date deceased lest worked ( this occupetion (month er	et id	11. Totel ti	me (yeers) t   n this pation	Cardio-voscular descripturation. Description	
	Trapp		pation	Other Contributory Causes of importence:	
2. BIRTHPLACE (city or town) (State or country)		yland		Pulmmary Edeny	1118/37
	erick F	aulkne	r		
14. BIRTHPLACE (city or town).	Tra	ppe,	t-s-m-A	Name of operation	
(Stete or country)	ry Cork		Lanu.	What test confirmed diegnosis? Was there an en	topsy? No
10. MAIDEN NAME	פתוו	nne		23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)		aryla	rd.	Accident, suicide, or homicide? Date of injury	, 19
	d G. Ki			Where did Injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CF.
(Address)	Will	ows,	Md.		
8. BURIAL, CREMATION, OR REMOV	med De	to Jan	24 ,1937	Menner of injury	
9. UNDERTAKER Jewno (Addiess)	ons x a	Harri	iles med	24. Was disease or injury in any way related to occupation of deceased?	No
o. FILED Jan . 21, 1931	blue	134	assistar.	(Signed) Furly J. Therener,	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Tenter and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•=	

V. S. No. 1

B ż

inforstate

		STATE OF MARYLAND—	CERTIFICATE OF DEATH 2
	1	PLACE OF DEATH	73-0
		county Caroline	Registration Dist. No. 4
		Village or City Screens hero.	ND. St.
		Langth of rasidence in city or town where death occurred 45 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth? 43 yrs. mos.
	2	. FULL NAME Welliam Knippel.	If U. S. Veteran, specify WAR
		(a) Residence: No. Areas bond md, (Usual place of abode)	St., Ward.  If nonresident give city or town and State
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. 8	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Say)  (Your Month)
ite.	6. 1	If married, widowed, or divorced HUSBAND of (or) WIFE of Nalis & Kunfafee ,  DATE OF BIRTH (month, day, and year) and 24, 1866	22. I HEREBY CERTIFY, That I attanded decease  15 1836, to Jan. 9, 19  I last saw h 1627 alive on 1829, 1859; death
certificate	7. /	70 4 Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of ce	NOIL	8. Trade, profession, or particular kind of work done, as SPINNER, Framework SAWYER, BDDKKEEPER, etc.	400 1
back	CCUPATI	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	O kimis Myrcarditis
s on	000	10. Date deceased last worked at this occupation (month and year)	
instructions	12.	BIRTHPLACE (city or (own)	Other Contributory Causes of importance:
instr	HER	13. NAME William Kinfofast,	Ola Bernelules
See	FATH	14. BIRTHPLACE (city or town) . Lucus . Jermany	Name of operation Date of What test confirmed diagnosis? Was there an autopsy
oortant.	OTHER	15. MAIDEN NAME Julia Nayeman	23. If death was due to external causes (VIOL ENCE) fill in also the following:
ort	MOT	16. BIRTHPLACE (city for town)	Accident, suicide, or homicide?

(Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address)

17. INFORMANT

legistrar.

24. Was disease of injury In way related to occupation of deceased? If so, specify

Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE,

....\_\_\_\_ds.

I attanded deceased from

(Specify city or town, county and State)

Date of onset

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury Nature of Injury\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," ctc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitut nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 4 1937			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

E ż 19. UNDERTAKER

(Addrass)

state

1. PLACE OF DEATH		<u> </u>	
County Carsen		Registration Dist. No. 62	
Village or City Lean Con	deselous	NoSt.,	Wai
Langth of residence in city or town where deat	h occurred vrs. 4 /mo	f death occurred in a hospital or institution, give its NAME instead of street and r sds. How long In U, S, if of foraign birth?mrsm	number)
2. FULL NAME sussout	Deword Men	melus.	
(a) Residence: No.	derolalin	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE While 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 7
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Lede Coval	le neuman	22. 1 HEREBY CERTIPY, That I attended	4
CONTRACTOR DIDENTAL AND ADDRESS OF THE PARTY	8m 3-1-145	39	, 19.2
6. DATE OF BtRTH (month, day, and yaar) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3A m.	; death is sai
84 5	3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	1 ormin.	ware as follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	rand Farmer	Cardio Vosculer Read	
9. tndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Disease	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	11. Total tima (years) spent in this occupation		
	0	Othar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Statement or country)	vok alste		
13. MANGERMORAL Then	· · · ·		
13. NAMELINGE (city or town)		Nama of operation	
(State or country)	. 21	What test confirmed diagnosis? Was there an a	utonev?
15. MAIDEN NAME South	Albo	23. If death was due to externat causes (VtOL ENCE) filt in also the following	
16. BIRTHPLACE (city or town)	41 41	Accident, suicide, or homicide? Date of injury	
(State or country)	2 60'	Where did injury occur? (Specify city or town, county and State	-)
17. INFORMANT ALLES WORLD	Defetout	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	hay gir	Mannar of injury	
Place Quecord Leg	Date \$ 100.   , 19 3	Nature of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

(Address) .....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis FFB 12 1907	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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this occupation (month and

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

17. INFORMANT Cus

(Address)

19. UNDERTAKER (Address)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town).

18. BURIAL, CREMATION, DR REMOVAL

(State or country)

(State or country)

13. NAME

FATHER

MOTHER

spent in this

occupation \_\_

Other Contributory Causes of importance Name of operation What test confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury

24. Was disease or injury In any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

(Address)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 wcek ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town whara death occurred\_\_ 6 vrs / mos. ds. How long in U.S. If of foreign birth? vrs. mos. ds. 2. FULL NAME If U. S. Veteran, specify WAR\_ (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) a se (Month) 5a. If marriad, widowad, or divorced HUSBAND of HEREBY CERTIFY. That I attanded dacaasad from (or) WIFE of Jane 17, 1422 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days to heve occurred on the date stated above, et ... 4. 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importanca or\_\_\_\_min. Dats ol onset 8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.... OCCUPATION 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10. Date decaasad last worked at 11. Total tima (yaars) this occupation (month and spant in this occupation. 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME Name of operation... 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?\_\_ MOTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury Nature of injury. 24. Was disaasa or injury in any way related to occupation of deceased?...-19. UNDERTAKER (Address) If so, specify (Address) \_\_\_\_\_

If more blanks are needed, dedress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DAIDEALI V S	1.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEA	TH
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- 6	5	6	8	-
	1	4	2	-4
6	1	4	1	4

1. PLACE OF DEATH			1003	
County Caro	line		Registration Dist. No.	2
Village or City Deci	ulow.		Nn.	Ward
Length of rasidenca in city or town where	death occurred	yrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and s	number) mos. ds.
2. FULL NAME Park	Gen &	egene	Proper	
(a) Residence: No.		1	St., Ward.	
PERSONAL AND STATIST	(Usualplace		If nonresident give city or town as MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
MW	OR DIVORCE	(write the word)	(Month) (Day)	, 193
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	7		22. I HEREBY CERTIFY, That I attende	(Fear)
6. DATE OF BIRTH (month, day, and yeer)	8,193	6	I last saw h 2 maliva on 20 190	, 193.7 ; deeth Is sald
7. AGE Yeers Months	Days	If LESS than 1 day,hrs.	to heve occurred on the dete stated above, at 8:15 A.m.	
1 2	13	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	Date of onset
8. Trada, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc				
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			acuts Bronchitis	yan! 7.
1D. Data decessed last worked et this occupation (month and year)	11. Totel ti spen occu	me (yeers) It in this pation		
12. BIRTHPLACE (city or town) Que (Stata or country)	ntow,	,	Other Contributory Causes of importance:	
13. NAME John John	Prog	ser		
14. BIRTHPLACE (city or town)	new yo	sk	Neme of operation Date of_	
(State of country) Alex	J york	,	Whet test confirmed diagnosis? Wes thera an	autopsy?
15. MAIDEN NAME	May 19	lenny	23. If death wes due to externel causes (VIOLENCE) fill in also the following Accidant, suicide, or homicide? Dete of injury	~
2 (Stata or country) D. of	du are	••	Where did injury occur?(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ite)
(Address) Den	low, Mld.			
18. BURIAL, CREMATION, OR REMOVAL PIECA DENTON	Date Jan	. 2.319.37	Menner of injury	
19. UNDERTAKER Jingi	l type	ne	24. Was diseesa or injury in any way related to occupation of deceesed?	
20. FILED 1 - 71 , 19 3 7 7	m so que	Registrar.	(Signed) AM AMADOS	
76	hlanks are needed a		(Address)	11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FFB 12 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

torauthoris	ADDITIONAL SPACE FOR FURTHI	ER STATEMENTS BY PHYSICIAN of burth see buth certis	licato 2/16/37
1			9,07
	V	0	

Federalshurg

(31)
Registration Dist. No. 64
No. St., Ward leath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran, specify WAR
If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH  January, 4" (Month) (Day) (Year)
1 HEREBY CERTIFY. That I attended daceased from 19.77. The saw harm alive on 19.77. The saw harm alive
Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance
wera es follows:
Chrisi enlegatiled Maffert 5
Other Contributory Causes of Importanca:
Name of oparation Date of What test confirmed diagnosis parts of the Was there an autopsy?
23. If death was due to extarnal causes (VIDLENCE) fill In also the following:
Accident, suicide, or homicide?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
Manner of injury
Nature of Injury
24. Was disease or injury In any way related to occupation of decaased?
(Signad) of renk M. Gyderson M. D.
(Address) - Colored golden G
ATT N Charles Street Baltimore Parwelling 71 S No

(Addrass)

If more blanks are needed, address State Registrar, 241

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRIDEAL V. S.			
Other contributors of impact		00	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 296
1. PLACE OF DEATH	210-m
County Caroline	Registration Dist. No. 9
Village or City Tederal Sturg Ux	More St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town whare daath occurred	sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Jewett B Raybo	If U. S. Veteran, specify WAR
(a) Residence: No. S. Lafard Dilburar (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male  Male  Married	21. DATE OF DEATH January 26th, 1937
5a, If marriad, widowed, or divorced	(Month) (Day) (Lear)
HUSBAND of (or) WIFE-of- & ladys Payban	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years Months Days If LESS than	to have occurred on the date statad above, at 6-0.0-P-m.
34 3 18 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end ralated tauses of importance
8. Trade, profassion, or particular	were as follows Date of onset
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Restropled Degree of her
9. Industry or business In which	lutomoteto on the hule
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	Mall Car off Road List
	. The tree land a greek)
year)	Other Contributory Causes of importance
12. BIRTHPLACE (city or town)	-
(State or country) Slorge	
13. NAME Unterview	*
13. NAME  14. BIRTHPLACE (city or town)  14. Control of the contro	Name of operation
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME UNRusur	23. If daeth was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME    16. BIRTHPLACE (city or town) ''	Accident, suicide, or homicide? - Accident Date of Injury Last 19 & 1
(Stete or country)	Where did injury occur? _ CAN JAME Prod Carles Con
17. INFORMANT Mrs. J. B. Staybaus (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Public Place
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury 189 Justice Could beachered
Place Helmington Sel Date Jan 29, 1921	Natura of injury Dense by aut Beck
19. UNDERTAKER M. Later & Laure	24. Was diseesa or injury in any way ralated to occupation of deceased?
20. FILED Jan. 27th, 1937 5. 5. Franz Stony	(Signed) Hay & Post actives.
Registrar.	(Address) February md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis SECTIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FFB 5 1037	July 5,1927	Peritonitis	3 days ago	
RUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	_1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DITIONAL	DITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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-WRITE

V. S. No. 1 ä should state of OCCUPA.

item of infor-

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County Carthury	Registration Dist. No. &
Village or City (Goldstond Mix	NoSt.,
Length of residence a city of town where death occurredyrsm	(If death occurred in a hospital or institution, give its NAME instead of street and number osds. How long in U.S. If of foreign birth?yrsmos
N/ - / 11 341	
2. FULL NAME ( la faut Will erst	If U. S. Veteran, specify WAR
(a) Residence: No. U Goldstrud M	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX <sub>e</sub> 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORGED (write the word)	21. DATE OF DEATH
a If married widowed a diseased	(Month) (Day) (Yo
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CARTIFY, That I ettended deceese
(d) III	Jan 5 1987, to 19
DATE OF BIRTH (month, day, and year)	Mast/saw h alive on face 5 1937 death
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pm.
1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or husiness in which	
	reas alurely
SAW MILL, BANK, etc	( ( man Tha)
shell ill fill?	
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) foldstry	
(State or country)	
13. NAME Thomas Wellfarow	
14. BIRTHPLACE (city or town) Joelshory	Name of operation Date of
(State of country) / many faut	What test confirmed diagnosis? Tenne all Was there an autopsy
15. MAIDEN NAME Clice Blake	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Ladgely	Accident, suicide, or homicide? Date of injury, 1
(State or country) Theavy House	Where did injury occur?
17. INFORMANT This Wellerdon (Address), Joe Batron med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, COEMATION, OR REMOVAL	Manner of injury
Plantillau freed. Date Jan 6, 193	Nature of injury
10 HADERTANER TOTAL	24. Was disease or injury in app way related to occupation of deceased?
19. UNDERTAKER (Address)	Lise, specify
1 1 600 0 0 0 .	The think of the state of the s

Registrar.

If more blanks are needed, address Slate Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

(Address)

STATE OF MADVIAND CEDTIFICATE OF DEATH

Ward

\_\_\_\_\_ds.

ended deceased from

re an autopsy?...

.; death is said

Date of onset

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Gallstones	May 1,1923	Gastroenteritis	1 year